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76; other points, 45; total for week reported, 190; refused entry for want of evidence, 7. Disinfected 3 trunks with formaldehyd.

Laredo, Tex., November 5, 1899.—I have the honor to submit the following inspection report for the week ended November 4, 1899:

International tramway bridge.—Inspected and allowed entry, 3,783; refused entry for want of evidence, 4. Among persons entered for week reported were 11 immigrants.

International ferry.—Inspected and allowed entry, 896; refused entry for week reported, 2; total inspected, 898.

Mexican National Railroad Bridge.—Inspected and allowed entry from City of Mexico, 24; from San Luis Potosi, 25; from Saltillo, 22; from Monterey, 85; from other points, 40; total entered for week reported, 196. Refused entry for week reported, 2.

Laredo, Tex., November 5, 1899.—On the 4th instant the State quarantine inspector at this place received a telegram from State health officer instructing him to raise all quarantine against infected points. I wired you that the governor of Texas had raised quarantine against yellow fever, meaning points infected with yellow fever. At present the State is not requiring persons to take an oath as heretofore.

There has been a frost over nearly all of Texas, and in some places sleet or snow. Here the thermometer only reached as low as 38° F., but it has been cool for some time, and the cool weather continues.

It is considered by many persons that yellow fever will not now spread in Texas.

I am still requiring consular certificates and evidence of nonexposure to infection of yellow fever. I am still receiving lists of persons leaving and arriving at Vera Cruz, from Asst. Surg. L. E. Cofer. I received a list to-day from him.

Respectfully,

H. J. HAMILTON,
Acting Assistant Surgeon, U. S. M. H. S.

[NOTE.—The consulate certificate system in Mexico ceases November 15.]

COLLECTIVE REPORTS ON GLYCERINIZED VACCINE LYMPH.

The above is the title of an article by Dr. Albert C. Barnes, of Philadelphia, in the *Sanitarian* for November, 1899. The doctor sent circular letters of inquiry to a large number of physicians in order to ascertain the following facts:

(1) The actual value of glycerinized lymph as a preventive of smallpox, and its relative value as compared with points, quills, and crusts.

(2) The proportion of successful "takes" in both primary and secondary vaccinations; and

(3) The relative frequency of complications, such as inflammation, cellulitis, lymphangitis, etc. In Baltimore over 100,000 tubes of glycerinized lymph were used. No case of smallpox followed vaccination with the lymph. Conservative estimates place the number of successful "takes" in primary cases as 95 per cent. The number of sore arms did not exceed 1 per cent.

In Minneapolis in one series of 3,045 vaccinations with this lymph there were 29 failures, all in persons who had been previously vaccinated. In a second series of 3,875 vaccinations, there were 4 failures in primary and 51 failures in secondary cases. All the data from this

city show a proportion of 95 per cent of success in primary and 75 per cent in secondary cases. Reports were also received from Cleveland, Richmond, Norfolk and Portsmouth, Philadelphia, Indianapolis, Chicago, Pittsburg, Allegheny, Stoudwood and Lisbon, Iowa; Caribou, Maine, Porto Rico and other places, all favorable to the use of the glycernized lymph.

The following conclusions are drawn :

This investigation proves conclusively that the recommendation of the United States Marine-Hospital Service that "glycerinized vaccine only should be employed (PUBLIC HEALTH REPORTS, January 6, 1899) is well substantiated by experience, because—

1. Properly prepared glycerinized lymph is pure and free from staphylococci, streptococci, and other pathogenic organisms which are invariably found (Copeman, Crookshank, Pfeiffer, Reed, U. S. A.) on vaccine points.

2. Glycerinized vaccine affords absolute protection against smallpox; vaccine points are uncertain in this regard.

3. Vaccination with the glycerinized products does not cause excessive inflammation of the vaccinated area. Cellulitis and inflammation of the lymph vessels and glands amounting at times to abscess formation, is a not infrequent sequence of the use of vaccine points.

4. Vaccine points are apt to lead to a false sense of security, inasmuch as they induce a local staphylococcic or streptococcic infection which is entirely distinct from true vaccination. Such a result is not protection against smallpox.

5. A high estimate of successful takes from vaccine points is by these and numerous other reports shown to be not over 60 per cent in primary cases and a much lower percentage in secondary cases.

6. Glycernized vaccine has been officially adopted by the Governments and health authorities of the United States, Great Britain, France, Russia and Belgium. It should be universally adopted in private practice."

A few cases of smallpox in Washington, D. C.

WASHINGTON, D. C., November 11, 1899.

SIR: I have the honor to report that smallpox made its appearance in this District on the 25th ultimo. Since that date, 4 additional cases have been reported. The total number of cases of smallpox in this District at 3 o'clock p. m. to-day was, therefore, 5; all at hospital; houses quarantined, 2.

Respectfully,

WM. C. WOODWARD,
Health Officer.